

IceWorks Skating Club Test Application

- Return completed application no later than **two weeks** prior to test. All fees must accompany application. Checks should be made payable to **IWSC**.
- Application can be mailed to: IceWorks Skating Club, 3100 Dutton Mill Rd., Aston, PA 19014 or turned in to IWSC Test Chair, via front desk in club mailbox.
- Application must on site by **5 pm** on the deadline date.
- Tests can be withdrawn from the test session for medical reasons only and with a doctor's note. No refunds will be given but another test session will be offered after recovery.

Test Date: _____ **Home Club:** **IWSC** **OTHER:** _____ **IWSC Non-Representing Member?** **Y** **N**

Skater: _____ **USFS #** _____ **Email:** _____

Address: _____ **Phone:** _____

(Please include Street Address, City, State & Zip Code)

(Please Include Area Code)

MOVES IN THE FIELD

FREESTYLE

DANCE

Partner: _____

{ }	Pre-Preliminary	\$15.00
{ }	Preliminary	\$20.00
{ }	Pre-Juvenile	\$22.00
{ }	Juvenile	\$25.00
{ }	Intermediate	\$30.00
{ }	Novice	\$35.00
{ }	Junior	\$40.00
{ }	Senior	\$50.00

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{ }	Intermediate	\$30.00
{ }	Novice	\$35.00
{ }	Junior	\$40.00
{ }	Senior	\$50.00

Prices are per dance test – Circle desired dance(s)

{ }	Preliminary	DW	CT	RB	\$10.00	
{ }	Pre-Bronze	SD	CC	FIT	\$12.00	
{ }	Bronze	HH	WIW	TF	\$14.00	
{ }	Pre-Silver	14S	EW	FT	\$16.00	
{ }	Silver	AW	T	RF	\$18.00	
{ }	Pre-Gold	PD	K	BL	SW	\$20.00
{ }	Gold	VW	WW	QS	AT	\$22.00
{ }	Internationals				\$35.00	

Please check if testing under { } Standard { } Adult
 { } Master { } Solo

PAIRS/FREEDANCE

Partner: _____

Second fee is for the second candidate – Circle desired test(s)

{ }	Preliminary	Pairs	\$15.00	\$8.00	
{ }	Juvenile	Pairs	Free Dance	\$18.00	\$9.00
{ }	Intermediate	Pairs	Free Dance	\$21.00	\$11.00
{ }	Novice	Pairs	Free Dance	\$25.00	\$13.00
{ }	Junior	Pairs	Free Dance	\$35.00	\$17.00
{ }	Senior	Pairs	Free Dance	\$45.00	\$23.00

ADULT MOVES/PAIRS/FREESTYLE – MUST BE 21 OR OLDER

Prices are per test – Second fee is for the second candidate – Circle desired test(s)

{ }	Pre-Bronze	MIF	Pairs	Freestyle	\$25.00	\$13.00
{ }	Bronze	MIF	Pairs	Freestyle	\$30.00	\$15.00
{ }	Silver	MIF	Pairs	Freestyle	\$35.00	\$17.00
{ }	Gold	MIF	Pairs	Freestyle	\$40.00	\$20.00

Pairs Partner: _____

COACHES' SIGNATURES

Please obtain the appropriate signature for each test

MIF _____

FREESTYLE _____

DANCE _____

PAIRS _____

Coach Phone/Email _____

SKATER'S OR PARENTS SIGNATURE _____

(Parent must sign if skater is under 18)

FEES

Test Fee (include all fees from above sections) _____

Ice Fee (\$15.00 first test/\$5.00 each additional test) _____

Non-Member Fee \$30.00 _____

Non-Representing Member Fee \$10.00 _____

Late Fee (**\$30.00 PER TEST TAKEN** if submitted after deadline) _____

TOTAL FEES _____

PERMISSION TO TEST FOR NON-ICEWORKS SC HOME CLUB MEMBERS

_____ is a member in good standing of _____

and has permission to take the above test(s). Please send results to: _____

(Test Chair/Club Officer signature)

PLEASE NOTE: APPLICATION MUST BE FILLED OUT COMPLETELY AND CORRECTLY WITH PROPER FEES ATTACHED OR IT WILL BE RETURNED

For office use only: Date Received _____ Amount _____ Check # _____